

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

1312

**1. PLACE OF DEATH**

County Jackson  
Township East  
City St. Louis

Registration District No. 300  
Primary Registration District No. 1004  
(No. 1326 Line St.)

File No. 350  
Registered No. 350  
St. Ward

**2. FULL NAME**

James A. Nelson  
(a) Residence No. 1326 Line 2 St. Ward  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 1 - 1867</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>10</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Coal labor</u>		If LESS than 1 day, ..... hrs. or ..... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spain</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Mary Nelson</u> (ADDRESS) <u>1326</u> Line <u>2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland</u> DATE <u>Jan 29, 1932</u>		
19. UNDERTAKER <u>Watkins Bros</u> (ADDRESS) <u>1729</u> Line <u>2</u>		
20. FILED <u>Jan 29, 1932</u> M. D. <u>350</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 13, 1932 to Jan 25, 1932  
I last saw him alive on Jan 25, 19..... Death is said to have occurred on the date stated above, at..... m.  
The principal cause of death and related causes of importance were as follows:  
Mitral insufficiency Date of onset 1/31  
2A 9 2 A  
Other contributory causes of importance:  
Nephritis, Paronychia, Motus 4/32

Name of operation Chemical Date of.....  
What test confirmed diagnosis Chemical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ①  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) Thos. J. James, M. D.  
(Address) 1612 1/2 E 13 St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

